

## Putting NICE guidance into practice

### **Resource impact report: Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction (TA902)**

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## Summary

NICE has recommended dapagliflozin within its marketing authorisation, as an option for treating symptomatic chronic heart failure with preserved or mildly reduced ejection fraction in adults.

We estimate that around:

- 184,000 people with symptomatic chronic heart failure with preserved or mildly reduced ejection fraction are eligible for treatment with dapagliflozin
- 55,000 people will receive dapagliflozin from year 3 onwards once uptake has reached 30% as shown in table 1 after adjusting for population growth.

**Table 1 Estimated number of people in England receiving dapagliflozin**

	2023/24	2024/25	2025/26	2026/27	2027/28
Uptake rate for dapagliflozin (%)	10%	20%	30%	30%	30%
Population receiving dapagliflozin each year	18,000	36,200	54,700	55,000	55,300

This report is supported by a resource impact template which may be used to calculate the resource impact of implementing the guidance by amending the variables. An estimated proportion of people experiencing adverse events by treatment can be included in the resource impact template via local input to estimate costs from clinical outcomes and adverse events. Organisations are encouraged to evaluate their own practices against the recommendations in the NICE guidance and assess resource impact locally.

This technology is commissioned by integrated care boards. Providers are NHS hospital trusts and primary care.

# 1 Dapagliflozin

- 1.1 NICE has recommended dapagliflozin within its marketing authorisation as an option for treating symptomatic chronic heart failure with preserved or mildly reduced ejection fraction in adults.
- 1.2 Current standard care for heart failure with preserved or mildly reduced ejection fraction is loop diuretics and treatment for other conditions the person may have. These manage symptoms, but do not reduce hospitalisations for heart failure.
- 1.3 Clinical trial evidence shows that dapagliflozin plus standard care reduces the combined risk of dying from cardiovascular causes or likelihood of first hospitalisation for heart failure compared with placebo plus standard care. Evidence suggests that dapagliflozin could reduce the chance of dying from cardiovascular or other causes.

## 2 Resource impact of the guidance

- 2.1 We estimate that around:
- 184,000 people with symptomatic chronic heart failure with preserved or mildly reduced ejection fraction are eligible for treatment with dapagliflozin
  - 55,000 people will receive dapagliflozin from year 3 onwards once uptake has reached 30% after adjusting for population growth.
- 2.2 The current treatment and future uptake figure assumptions are based on expert clinical opinion and are shown in the resource impact template. Table 2 shows the number of people in England who are estimated to receive dapagliflozin by financial year.

**Table 2 Estimated number of people receiving dapagliflozin using NICE assumptions**

	2023/24	2024/25	2025/26	2026/27	2027/28
Uptake rate for dapagliflozin (%)	10%	20%	30%	30%	30%
Population receiving dapagliflozin each year	18,000	36,200	54,700	55,000	55,300

**Table 3 Annual cost of treatment with dapagliflozin and standard care**

Drug	Dosage per day	Number of cycles	Dosage per cycle	Number of packs per year	Proportion of usage	Total cost (not including VAT)
Dapagliflozin	10mg	13	280mg	13	100%	£484
Furosemide	80mg	13	2,240mg	26	80% <sup>1</sup>	£9
Bumetanide	1mg	13	28mg	13	20% <sup>1</sup>	£1
<b>Total cost of treatment</b>						<b>£495</b>

<sup>1</sup>The cost of standard care is calculated on the weighted average cost of receiving furosemide or bumetanide.

### 3 Implications for commissioners

- 3.1 This technology is commissioned by integrated care boards. Providers are NHS hospital trusts and primary care.
- 3.2 Dapagliflozin falls within the programme budgeting category PBC 10X, Heart failure, unspecified, Problems of circulation.

### 4 How we estimated the resource impact

#### *The population*

- 4.1 The prevalence of heart failure is estimated to be 0.95% of the population of England ([NHS Digital, 2022](#)). When inflated to account of the adult population, this equates to 1.21% of the adult population.
- 4.2 Table 4 shows the number of people eligible for treatment in England.

**Table 4 Number of people eligible for treatment in England**

Population	Proportion of previous row (%)	Number of people
Adult population		44,456,850
Adult population forecast at 2027/28		46,263,200
Prevalence of heart failure in England in adults <sup>1</sup>	1.21%	559,000
People with symptomatic chronic HF (LVEF>40%) <sup>2</sup>	50.00%	280,000
People with symptomatic chronic HF (LVEF>40%) who do not have type-2 diabetes or chronic kidney disease <sup>3</sup>	66.00%	184,500
<sup>1</sup> Source: <a href="#">NHS Digital, 2022</a> <sup>2</sup> Source: <a href="https://bjcardio.co.uk/2022/05/bsh-position-statement-on-heart-failure-with-preserved-ejection-fraction/">https://bjcardio.co.uk/2022/05/bsh-position-statement-on-heart-failure-with-preserved-ejection-fraction/</a> <sup>3</sup> Source: Clinical expert opinion		

## Assumptions

4.3 The resource impact template assumes that:

- the adult population in England will increase in the next 5 years (please see resource impact template for more details)
- 100% of people are currently treated with standard care. Standard care treatment is either furosemide (80% of people) or bumetanide (20% of people)
- the cost of standard care is based on people receiving the maximum recommended dose of 80mg of furosemide or 1mg of bumetanide
- uptake of dapagliflozin will remain steady at 30% from year 3, according to expert clinical opinion
- the first month of dapagliflozin will be prescribed through secondary care with VAT applied. Subsequent prescribing is expected to be through primary care and therefore does not have VAT included.
- No VAT is included in the cost of furosemide or bumetanide

- an estimated proportion of people experiencing adverse events by treatment can be input into the resource impact via local input to estimate costs from clinical outcomes and adverse events
- event costs can be amended in the resource impact template via local input.

## About this resource impact report

This resource impact report accompanies the NICE guidance on [dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction](#) and should be read with it.

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